

**STATE OF NEW HAMPSHIRE
BUREAU OF EMERGENCY MEDICAL SERVICES
BLS PRACTICAL EXAMINATION EVALUATOR APPLICATION**

RENEWAL

Date of Application: _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Mailing Address: _____ **City:** _____

State: _____ **Zip:** _____ **E-Mail Address:** _____

Phone: (home) _____ **(work)** _____

Service Affiliation(s): _____

D. O. B. _____ **S. S. #** _____

NREMT# _____ **Expiration:** _____

Other EMT# _____ **State:** _____ **Expiration:** _____

What Region(s) would you be willing to evaluate in? ? **I** (Western), **II** (Southern),
III (Seacoast), **IV** (Central), **V** (Northern)

Note: Copies of current EMT certification is required with renewal application.

"I verify that the above information is true and accurate to the best of my knowledge. Any falsification will result in rejection or dismissal from the evaluator list."

Signed: _____ **Date:** _____

SUBMIT APPLICATIONS TO:

Kelley Sweeney, EMS Educational Assistant, Northern NH EMS Field Office, 22Main Street, Berlin, NH 03570

For Bureau use only

Region I II III IV V

BUREAU REVIEW DATE: _____

Accept

Deny

____ **Falsification of credentials or other documentation**

Signature: _____

____ **Failure to meet minimum requirements**

Print name: _____